			Atto	rney Docl	ket No. T4342-14198US02
		<b>STATEMENT</b>	UNDER 37 CFI	R 3.73(b)	
Applicant/Pa	tent Owner: <u>1</u>	NxSTAGE MEDIC	CAL, INC.		
Application 1	No./Patent No./Contro	l No.: <u>09/513,91</u>	0 Filed/Issue	Date: <u>F</u>	ebruary 25, 2000
I .	BLOOD TREATMI MAINTAIN STERI			S THAT	
NxSTAG	E MEDICAL, INC.	, a	Corporation		niversity, government agency, etc.)
(Name states that it is		(Type	of Assignee: corporation	, partnership, u	niversity, government agency, etc.)
	signee of the entire right	, title, and interest; o	r		
_	ignee of less than the en				
(The e	extent (by percentage) of	its ownership intere	st is%)	)	
in the patent ap	pplication/patent identifi	ed above by virtue o	f either:		
the U	signment from the inven nited States Patent and T nal assignment is attached	rademark Office at 1			ve. The assignment was recorded in true copy of the
OR_					
B. A cha	in of title from the inven	tor(s), of the patent a	application/patent id	dentified abo	ove, to the current assignee as follows:
1. Fro	om:	То	) <u>:</u>		
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☐ Additi	ional documents in the cl	nain of title are listed	l on a supplemental	sheet.	
As required by	37 CFR 3.373(b)(1)(i),	the documentary evi	idence of the chain	of title from	the original owner to the
	or concurrently is being,				
Di					must be submitted to Assignment ords of the USPTO. See MPEP
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_	ed (whose title is supplied	· · · · · · · · · · · · · · · · · · ·	ed to act on behalf of	of the assign	ee.
	maye			(	03/24/2008
	Signature			Date	
	Mark A. Catan			(7	(03) 610-8675
Pr	inted or Typed Name				phone Number
	Attornev				

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Title

PTO/SB/80 (11-04)

Approved for use through 12/31/2008 OMB 0651-0035

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under												
37 CFR 3.73(b).												
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	Practitioners associated with the Customer Number:			000	181							
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Practitioner(s) named below:												
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as at	torney(s) or agent(s) to	represent the undersigned be	fore the Unit	ed States Patent ar	nd Tradem	iark Off	ice (US	PTO) i	n connec	tion with any		
and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).												
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Assig	gnee Name and Addres	s: NxStage Medical, Inc.										
439 South Union Street, Fifth Floor												
Lawrence, MA 01843												
A co	py of this form, togeth	ner with a statement under	37 CFR 3.73	b) (Form PTO/S	B/96 or e	ouivale	nt) is re	eauirea	to be fi	ed in each		
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in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.												
SIGNATURE of Assignee of Record												
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date  October  October  Signature								<u> </u>				
Name		THE TOWN	721.6	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Teleph	one	-	2/2	12810	5		
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